

# LETTERS *to the Editor*

## Chemotherapy of Amebiasis

*To the Editor:* It is interesting to witness a revival of concern over amebiasis. The discussion by Barrett-Connor (Calif Med 114:1-6, Mar 1971) and the symposium by Turner, Lewis, Hayes and Ziment (Calif Med 114:44-55, Mar 1971) deserve more comment than I am qualified to give. But I am able to say something pertinent about the chemotherapy of this widespread infestation.

As we showed some forty years ago (JAMA, 98:195-198, 1932; 100:1658-1661, 1933), 5-chloro-7-iodo-8-hydroxyquinoline was found to be the most satisfactory amebicide of some dozen halogenated quinolines studied. This is readily available as "Vioform." 5-7-diiodo-8-hydroxyquinoline, or diiodohydroxyquin, is about as effective, but it is twice as costly, since it contains twice as much iodine. Iodine is by no means inexpensive.

Since then, Vioform has been found the world over to be useful in clearing the intestinal tract of many parasitic and bacterial invaders. It is practically non-toxic, since it is neither soluble in nor absorbed from the gut. It is effective in doses of 250 mg thrice daily for ten days, with such a course of treatment repeated after a ten-day rest period. Vioform is as effective in symptomatic intestinal infection as in asymptomatic conditions. If motile forms are present, Vioform may be dusted into the rectum and lower bowel by insufflation.

Emetine should be reserved for amebic abscess. It should be remembered that cardiopathies may be expected from a course of emetine therapy sufficient to be effective (Arch Path 11: 546-553, 1931).

If cachexia is present, it might be wise to recall carbarsone, 4-carbamino-phenyl-arsonic acid (JAMA, 98:189-194, 1932). This has a tonic effect in addition to its effect in removing amebic cysts. It is usually effective in a dose of 250 mg thrice daily for ten days, and it may be given in an enema to remove motile forms from the lower bowel. It is partially absorbed, but 95 percent of what may be absorbed is excreted in the urine within 24 hours. It should not be used if there is renal involvement of any sort.

It does not seem that antibiotics, metronidazole or niridazole have any special advantage over older, well-used drugs in treating amebiasis. They are generally more expensive. My colleagues in studying the chemotherapy of amebiasis were Hamilton H. Anderson and Norman David.

CHAUNCEY D. LEAKE  
*University of California, San Francisco*